MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE Item 11151 event, within 72 hours after death. requires that the deoth certificate be executed within 24 hours after death. and tompletely filled in by the funeral regione corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Calvert MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c: CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Waldorf , Maryland Owings 1-Year e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS Padgett Nursing Home None NO TXX YES 3. NAME OF Middle First Last 4. DATE Year Month Doy DECEASED (Type or print) MARIAN STURGIS BADEN DEATH August 29 . 1966 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours White Oct. 5th 1890 Female WIDOWEDXXX DIVORCED 11. BIRTHPLACE (Caunty & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? and Domestic Chicago. Ill. usa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Lewis Sturgis Ella Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Louise B. Leary (Dau.) Fort Belvoir . Va. 17. INFORMANT (Yes, no, or unknown) I(If yes give wor or dotes of service no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Yeor (County) (State) Hour a.m. foctory, street, affice blda., etc.) Nat While at wark at wark 1906, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram (1110) 1966, and that death accurred at 25 M, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATUR 22b. DATE SIGNED ATTENDING STAFF PHYS. Aug. 29th 1966 M.D. PHYS 22c. PHYSICIAN 22d. ADDRESS NAME (Type Huntingtown, Maryland George Weems. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify)
Burial Seat Pleasant, Maryland Addison KXXXXXX Chanel Aug. 31-1966 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Simmons Bros. 1661-Gd. Hope Road SE. Wash., DO

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1152 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Calvert b. COUNTY o. Maryland Calvert MARYLAND hin 72 haurs after be executed within 24 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 18 hrs. Sunderland Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS Calvert County Hospital YES NO Middle Pembroke Last 3. NAME OF First 4. DATE Manth Day Year campletely DECEASED August 20 66 Josephine Blake Frances remove carb 19 event (Type or print) DEATH AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthday) Manths 9/9/81 Days Hours Female White WIDOWED 3 DIVORCED and in any 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR COUNTRY? S.A. INDUSTRY attending physician permit. Then please Maryland requires that the death certificate Housewife
13. FATHER'S NAME Domestic 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, George Pembroke Mary Gardiner 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war ar dates of service) Sunderland, Md. George P. Blake - Son 213-42-8022 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1100 Dul ion IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the burial-tran DUE TO pulled Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse prior to C. V. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 8/19/66 8/20/66, 19___, that (I) (we) last _, 19_ ___, ta_ M, fram causes and an the date stated above and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 8/21/66 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS 22d. ADDRESS NAME (Type) Issam el Damalou, Prince Frederick. Md. 23d. LOCATION (City or Town) 23a. BURJAL, CREMATION, PENOVAL (Specify) 23C NAME OF CEMETERY OR CREMATORY 236. DATE THEREOF (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE ADDR ESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Melianley VR A15 (4) 20 M 1/66 DATE AUG 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11164 CERTIFICATE OF DEATH and 2 filled in by the funeral papers. Pages 1 and 2 ithin 72 haurs after death requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Calvert Maryland Calvert MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town)
Prince Frederick 12 hrs. Sunderland IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled Calvert County Hospital YES X NO completely fi 3. NAME OF Middle 4. DATE Month Year ** First Doy DECEASED Coates 19 66 E Edna DEATH (Type or print) burial, crematian, ar removal, and in any event, 8. DATE OF BIRTH IF UNDER IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGF (In years 7. MARRIED NEVER MARRIED remave birthdoy) Months Doys Hours 10-19-94 WIDOWED DIVORCED Female Negro and 11, BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? physician on please INDUSTRY Maryland none 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Victoria Reed William Emerson attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 215-26-239 Ernest Coates Sunderland. Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior tall lost. ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 21. I certify that (1) (this hospital) attended the deceased from Norkanke, 1965, to Aun 23, 1966, that (1) (we) last 1966, and that death accurred at 1132 M, from sauses and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF 8-211-66 M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Page C. Jett Prince Frederick, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Mt. Hope C. Cem Sunderland Md ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D, BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 Prince Frederick, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	11166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	155
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TO DEPUTY A necessary, plus the funeral d 5 may be ref TO FUNERAL D Health ar its	SIGNATURE EXAMINER'S NAME (Type) RUDIGER BREITENECKER, M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or caunty) Calvert Co.	22. DATE SIGNED
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VR A15ME (5)	Robert A. Pumphrey Bethesda, Maryland DATE AUG 24 1966 goldenle	o Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 11167 CERTIFICATE OF DEATH within 24 hours after death. and in ony event, within 72 hours after death. filled in by the funeral papers. Poges I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Prince Frederick, davs please remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO F NAME OF Middle First Lost 4. DATE Month Doy Year attending physicion and completely permit. Then please remove carban DECEASED 8 19 66 Jessie Curleet 6 Gentry (Type or print) DEATH PHYSICIAN: The low requires that the death certificate be executed S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Months 2/26/09 White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Domestic during most of working life, even if retired) COUNTRY? North Carolina U.S. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remavol, Mame Murray Curry Conklin Prince Frederick Huntingtown, Maryland 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) Nancy Wood INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been for use os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION State Dept. of Health NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour a.m factory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this hospital) attended the deceased from the 1960 ta Celles 1960 that (1) (we) lost 3 should 1966, and that death occurred at 1:00PM, from causes and on the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING W 8/6/66 director, poge 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Osman Ersch Prince Frederick, Maryland 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Stote) (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. leaveler DATE AUG 1966

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1.	a. COUNTY				2. USUAL RESIDE	NCE (Where dec	eased lived, If ins b. CDUN		lence before admission	an)
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3.	NAME OF DECEASED	Fir	rst	Middle	Last	4. DATE OF	Monti		Day Year	
	(Type or print)	Lawr		D	Janey	DEATH	8		3 1966	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution PLACE OF DEATH b. COUNTY a. STATE MARYLAND Department after death. 2, and 3 to the funeral PM3. Page 5 may be more similes, write RURAL/and give nearest town) by ITY OR TOWN (If outside corporate lim) LENCTH OF STAY IN 1b c. CITY e. IS RESIDENCE 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS DN A FARM? 0 State hours YES | ND X rs after death. If any delk 18. Give Pages 1, 2, and along with form PM3. DATE Year NAME DE Middle Last First OF DEATH DECEASED 190 (Type or print) ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 2 with 6. COLOR OF RACE | 7. MARRIED TI NEVER MARBLED DATE OF BIRTH 9. WIDOWED Jand 2 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work one 10b. KIND DF BUSINESS OR during post of working life even if retired) INDUSTRY 11. BIRTUPLACE (State or foreign country) more Ta MOTHER'S MAIDEN HAME 13. FATHER'S NA XAMINER: This certificate should be executed within 24 hours a certificate, writing the word "pending" in pencil in Item 18. ould be forwarded to the Chief Medical Examiner's Office alon pa File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or date; (service) permit. I INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause par line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the a used as a to burial, underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINACOISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) should be EXTERNAL CAUSE WAS 20b. PRIMARY OF CONTRIBUTING SCAUSE OF DEATH. **EXAMINER:** This 3 shou agent, MEDICAL 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Hothe, fath. (State) (Clty (County 201. 20c. TIME OF INJURY Month, Day, Year Not While CTOR: Page designated at work at work should be Inquiry and in my ppinion 21. I certify that I took charge of the remains described above, held an Inspection files. Undetermined manner FUNERAL DIRECTOR: Natural causes Accident Sulcide Homicide death resulted from the CHIEF MEDICAL EXAMINER your 4 22. DAVE SIGNED execute r. Page 4 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 10 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** please ex director. retained Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR OWER 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. 0 to REMDVAL (Specify) anor, Pro Geo Md. Colmar Ft Lincoln Cemetery Sept 2. 1966 Burial 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles 1966 Gasch's Sons Hyattsville, Md. VR A15ME 350D 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Calvert by the furnishment by the furnis Calvert MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown Huntingtown .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES T NO within domplately carbon NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH Dani 97 Webster (Type or print) Kent 8 1966 executed 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min DATE OF BIRTH removing in ar Months I Davs Hours and Male 25/1888 Negro WIDOWED DIVORCED 78 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician an please re 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? Farmer Maryland USA 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME been signed by the attending pl the burial-transit permit. Then or to burial, cremation, or remova Benjamin Rachel Ann Morse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) no 218-12-9978 Gussie Kent Huntingtown-Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY the hospital or attending physician. Cerebal accident IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use The PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1! of Item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After thage 3 should be det factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from 19 19. that (I) (we) last and that death occurred at b.P. M. from the causes and on the date stated above. saw the deceased alive be-22a. SIGNATURE 22b. DATE SIGNED pe page STAFF DIRECTOR FUNERAL PHYSICIAN'S director, p ADDRESS NAME (Type) BORIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Soecify) Youngs Md. Huntingtown ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR G

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	I	rince	write RURAL ond give negrest town) rince Frederick, Md. 10 days						ryland		14-1
			AL OR INSTITUTION (If no			1, 11	d. STREET ADDRESS				e. IS RESIDENCE
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	. (NAME OF DECEASED (Type or print)	Nan	nie	Wilson		Parran	4. DATE OF DEATH	Mantl 8		6 19 66
	S. 5 F €	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		3/17/73	9	AGE (In years last birthday) yrs.	Manths D	EAR IF UNDER 24 HRS. OYS Hours Min.
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	(Ye	s, no, ocupknawn)	(If yes give war ar dates	it service)	?	Do	uglas Pari	ran	Lusby.	Mary	land
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0	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVE	N IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
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		saw the	fy that (I) (this has	pital) atten	ded the deceased, a	fram ind that	death accurred at	2:554	a I, fram causes (and an the	, that (I) (we) last date stated abave.
		22a. SIGNATURE	Alle	ns		M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE 8/6	
/	1	22c. PHYSICIAN'S NAME (Type	Dr. Geor	ge We	ems		22d. ADDRESS Huntin	gtown	, Maryl	and	
	7	BURIAL, CREMATIC REMOVAL (Specify	Aug 8	1966	Middle	TERY OR C	Chasel		Shy Cas	hest	sunty) (State)
	24	FUNERAL DIRECTO	/	< 11	put capokess	131/-	250. REC'I	D BY REGISTR	1966 RE	GISTRAR'S SIGN	Py Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 11172 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral ave carbon papers. Pages 1 and 3 y event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Calvert MARYLAND Maryland Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town)

Prince Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 1 day Lusby d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital NO T YES 3. NAME OF attending physical and campletely formit. Then please remave carbon First Middle 4. DATE Month Year 1 ast Doy DECEASED 28 66 William Henry Savage August 19 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED TX. NEVER MARRIED lost birthdov) Months Hours Dovs Sept. in any (WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDHISTRY COUNTRY? pup Labor U.S.A Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, Annie Phillips Benjamin Savage 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) 21730-057] James Savage, Lusby, Maryland crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p (CS501) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar DUE TO burial, Conditions, if ony, which gove 1 artan Schur rise to immediate cause (a). DUE TO as the priar tak stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Health p CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While 19 ot work ot work 19 6 that (I) (we) last 21. Leertify that (1) (this haspital) attended the deceased fram. 19 66 0-2-1 8-280 19 and that death accurred at saw the deceased alive on_ M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 8-31-66 Lusby Calvert Md St. JOhns 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 Charlen DATE 20 M 1/66

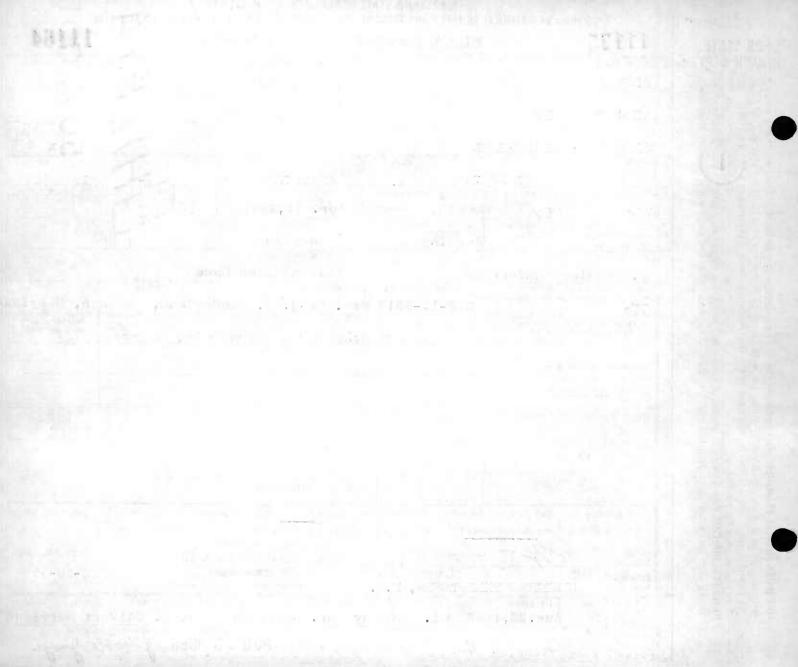
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Wheel deceased lived, If Institution, Residence before admission) PLACE OF DEATH a. STATE b. COUNTY MARYLAND the funeral 5 may be Department after death. OR TOWN (if outside corporate limits RURAL end give neares town) C. CIPOR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? lay is 3 to t Page State hours NO YES First and 3. NAME DE 3. DATE Month DECEASED DEATH (Type or print) after death. If an S. Give Pages 1, 2 2 with R. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER last birthday) Months Davs Hours WIDOWED ! DIVORCED and/event CAL EXAMINER: This certificate should be executed within 24 hours after dea the certificate, writing the word "pending" in pencil in Item 18. Give Pa 4 should be forwarded to the Chief Medical Examiner's Office along with 10e-USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR RTHPLACE (State or foreign/country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? mar any pages in any FATHER'S NAME INFORM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address or unknown) (If yes give war or dates of service) permit. removal, 361 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) ONSET AND DEATH burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the S underlying cause last. used as to burial, PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN LAPART 1(a) 119. WAS AUTOPSY PERFORMED? CERTIFICATI ND T YES . 20a. EXTERMY CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY Exter nature 3 should tagent, price (County) MEDICAL 20c. TIME OF INJURY Month, Day, Year L 20d. INJURY OCCURRED 20e. PLARE OF INJURY (Home, farm, 2Df State factory. street, office vidg., etc.) et work Not While CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and In my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner Suicide Homlcide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER for your O DEPUTY MEDIC please execute ACTUAL D'ATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Address (Street, city, town, dr county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stete) BURNAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Calvert Coopers C. Cem 8-20-66 Dunki REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15ME rederick-Md 350D 4-64

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	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPTA	1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where Accessed lived, If institution, Residence before authorsion
	a. COUNTY a. STATE M. b. COUNTY COUNTY
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hours Item 18 ffice al	Grand Isabell Harris
24 ho n Item Office File , and	15. WAS DECEASED VER IN U.S. ARMEO FORCES? To: SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
I within 24 pencil in miner's 0 permit. F	213-44-2720 Asbury Smith Owings Md.
executed within 24 hording, in pencil in Item lical Examiner's Office I-transit permit. File pation, or removal, and	18. CAUSE OF DEATH [Enter only one cause per line for (a) (a) and (c) PART I. DEATH WAS CAUSED BY:
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be execu pending" Medical I urial-tran emation,	Conditions, If any, which) DUE TO Cross Get
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ould ord hief hief al, c	underlying cause last. (c) fell ory a fam
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R: This certificate, writing forwarded to 3 should be agent, prior	20c TIME OF INITIRY Menth Day Year 20d INITIRY OCCURRED 20e BLACE OF INITIRY (Home, farm. 200 VOITY or town) / (County) / (State)
AL EXAMINER: The certificate, should be forwardlies. Tiles. TOR: Page 3 should agen	20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED 20e, FLACE OF INJURY (Home, farm, Hour p.m. 8 23 19 6 at work Not While at work 2 at wor
MEDICAL EXAMINE (ecute the certific Page 4 should be for your files. L DIRECTOR: Page or its designated	21. certify that took charge of the romains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
L EXA ne ce shoul files. for: esign	death resulted from: , Natural causes , Accident , Suicide , Homicide , Undetermined manner
AEDICAL EXUCUTE the cage 4 shour r your files DIRECTOR: or its design	CHIEF MEDICAL EXAMINER
execute Page I for you I'V NEDIC	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY exe exe	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street, city, town or county)
O DEPUTY MEDICAL please execute the director. Page 4 s retained for your f O FUNERAL DIRECTO of Health or its de	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direct retro	REMOVAL (Specify) 8-29-66 St. Edmonds Ch. Cem Owings Md
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VR A15ME 3500 4-64	P.E. Sewell Prince Frederick, Md DATE AUG 29 1966 July

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11164 11175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY 0 death. MARYLAND Maryland Calvert partment b. CITY OR TOWN (If outside carparote limits, write RURAL and give necrest town)
PRINCE FREDERICK c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. and 2, and PM3 DOA Owings d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE in Item 18. Give Pages 1, ON A FARM? CALVERT COUNTY HOSPITAL YES NO State death. 3. NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED OF BENJAMIN SUNDERLAND 8with the within (Type or print) DEATH 19 66 after e, writing the ward "pending" in pencil in Item 18. Giv farwarded ta the Chief Medical Examiner's Office alang 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Apr. 11.1911 WIDOWED DIVORCED event Male White and 2 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY FEUNTRY ? Farming Maryland any pages in any Farmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME shauld be executed within in pencil Eliza Ellen Lane T. Stanley Sunderland and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I(If yes give wor or dotes of service) ar remaval, 218-12-9613 Mrs. Benj. A. Sunderland, Owings, Maryland no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO certificate 0 stoting the underlying couse used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES XX NO please execute the certificate. pe 0 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, (County) ot work Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page designated 21. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection . Inquiry . and in my apinion death resulted fram: the funeral directar. Natural causes X Accident Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE **FO DEPUTY** DEPUTY MEDICAL EXAMINER 8-20-66 **EXAMINER'S** Health RUDIGER BREITENECKER, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) 50 REMOVAL (Specify) Aug. 22, 1966 Mt. Harmony Chr. Cemetery Owings, Calvert Maryland Burial 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milanles VR A15ME (5) 1966 6M 1/66



一人员施品		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MABYLAND		
FOR STATE		11176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1165	
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY D. COUNTY D. COUNTY D. COUNTY	idence-before admission	
(12 m - 1		MARYLANO MARYLANO	fax	
is necessary, o the funeral is may be be be an about after death.		CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CHT OR TOWN of outside corporate limits, write RURAL and give negrest town.)	d give nearest town	
ne fu ne fu spart ter d		1. NAME OF HOSPITAL OR INSTITUTION (ignot in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENC	
d 3 to the funeral Age 5 may be Page 5 may be State Department Cours after death.	1	about to Will have alless of 2313 Grove and	ON A FARM?	
delay is nd 3 to Page. Page State hours	3.	NAME DF First / Middle / Last / 4. DATE Month	Oay Year	
PM3 PM3 PM3 The		(Type or print) Norman Jessey Sypronol DEATH &	1968	
s 1 s 1 within ithi	5.	SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED DIVE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS	
Page the page	10a	WIOOWED DIVORCED WION (I by the dot of work done) 10b/kWD OF BUSINESS OR A 11. BIRTHPLACE (State or foreign-country) 12. CIT	IZEN OF WHAT	
ter dea Give Pa g with 1 and event	dur	a. USYALOCCUPATION (Give kind of york done) 10b/kind OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT COU	NTRY?	
burs after 18. Girls along pages 1 in any	13.	FATHER'S NAME 14., MOTHER'S MAIDEN NAME	A.	
Item Office and ir		within Indnot May Junoyrs		
in 11 124 in 11 15 Offi	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SDCIAL SECURITYND. 17. INFORMANT (If yes give war or dates of sprice) 577-10-5612		
within 2 pencil in miner's 0 permit. F		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
should be executed within word "pending" in pendil in Chief Medical Examiner's as a burial-transit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concincion of Confirmed	ONSET AND DEATH	
Ild be executed I "pending" in If Medical Exar Is burial-transit cremation, or		7 8 3 4 DUE TO		
be ey pend fedic rrial- rmat		Conditions, if any, which gave rise to immediate (b)		
a bu		cause (a), stating the DUE TD underlying cause last.		
ficate sho the wor the Chi used as to burial	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?	
ficate the o the used to bu	ICATI	Hadan allate at love, 10 A	YES ND	
R: This certificate should aste, writing the word "forwarded to the Chief I 3 should be used as a b agent, prior to burial, cr	CERTIFICATION	20a. TEXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(
	AL CI	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	ity) (State)	
EXAMINER: This certificate, without be forwardes. Page 3 should signated agent,	MEDICAL	130 nm 8/ 19/1/ at work at work at work at work	a Med	
KAMINER certifical uld be f is. Page 3 gnated a	2	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and In my opinio	
cal Examiner the certifica 4 should be ur files. colors Page colors designated		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	26	
		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE	22. DATE SIGNED	
Y MEDION Page Page I for you MAL DIRICH OF Its		DEPUTY MEDICAL EXAMINER	15///	
DEPUTY Nease exerctor. Prainted for FUNERAL		EXAMINER'S NAME (Type) Address (Street, city, town, or county)	7/80	
	238	DEMOVAL (Charles)		
D 20	24			
VR A15ME	1-	alls Church Funeral Home 1102 W. Broad St. AUG 16 1966 Curarley	Judge	
3500 4-64		Falls Church, Va. I DATE		

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,
FOR STATE	11177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11166
HEALTH DEPT.	1. PLACE OF DEATH 1. 9. COUNTY D. CO
570 E.C	MARYLAND MARYLAND MARKET MARKET
o the funeral e 5 may be Department after death.	b OTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the 15 m	d NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ay 3 than	Calout 0 8909 Georgia Itve, VES NON
DE	3. NAME OF DECEASED OF
で : 「 :	5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
for for with	WIDOWED DIVORCED // // // // // // // yrs.
0 4 5 0	10a. OBJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15 m 35	13. PATHER'S NAME 14. MOTHER'S MANDEN NAME
ours m 18 ce al	Robert Wake ham Marilem Janz
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's 0 permit. I removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
EXAMINER: This certificate should be executed within certificate, writing the word "bending" in pencil is nould be forwarded to the Chief Medical Examiner's les. Nr. Page 3 should be used as a burial-transit permit. signated agent, prior to burial, cremation, or removal	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
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certificate should be execuiting the word "pending" led to the Chief Medical Ed be used as a burial-transprior to burial, cremation,	Conditions, if any, which gave rise to immediate (b)
urd "ief l	cause (a), stating the DUE TO underlying cause last. (c)
ficate short the word the Chicago as a to burial,	
ertifica ing the d to the be use	200. EXTERNAL CAUSE WAS 1 200 DESCRIBE HOW MURY OCCURRED (Exter nature, of injury in Part 1 or Part 11 of Item 18.)
INER: This certificate, writing be forwarded age 3 should be ted agent, prior	PART II OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ENGINDITION GIVEN IN PART 1 (a) 119. WAS AUTUPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE HOW MURRY OCCURRENT Enter nature of injury in Part 1 or Part 11 of Item 18.)
R: This cate, write forward 3 should agent, p	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURACO JOE. PLACE OF INJURY (Home, tarm, 20f. (City or town) (County)
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AL EXAMINE the certific should be r files.	21.1 certify that I took charge of the remains described above, field an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
the second	CHIEF MEDICAL EXAMINER
execute the second of the seco	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED DÉPUTY MEDICAL EXAMINER ()
EPUTY Nase exector. Fained fo	EXAMINER'S H. W. WARD Address (Street, city, town, or county)
O DEPUTY MEDI please execute director. Page retained for yo O FUNERAL DIR	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
5 5 6	24. FUNERAL DIRECTOR BY THE FORESS THE 25A. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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